UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	AUG 1 3 2019 Page 1 of 11 es LEGISLATIVE RESOURCE CENTER
Name: Lind Scy C. Boylan Daytime Telephone:	2019 AUG 22 AM 10: 39
New Member of or Candidate for State: /// U.S. House of Representatives District: // Check if Candidates – Date of Election: 06/23/2020 Primary Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to To	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?	eportable positions during the reporting ant calendar year up through the date of filing? Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agree outside entity during the reporting period?	reportable agreement or arrangement with an the reporting period or in the current calendar Yes No No No Lagrangement with an the reportable agreement or arrangement calendar arrangement with an the reportable agreement or arrangement calendar arrangement with an the reportable agreement or arrangement with an the reportable agreement or arrangement with an arrangement with an arrangement with a secondary agreement or arrangement with a secondary agreement or a secondary agreement
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes No J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	e than \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	YES") TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disc from this report details of such a trust that benefits you, your spouse, or dependent child?	need not be disclosed. Have you excluded Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	y meet all three tests for Yes No No

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SP Landing Club Cace Lates | For an ownership inverset in a privately-hald business that is not publicly traded, state the name of the business, the nature of its activities, and its yeographic location is Block A. For rental and other real property held investment, provide a complete address description, e.g., 'rantal property,' and a city For bank and other cash accounts, total the smount in all interest-bearing accounts. If the total is over \$5,000 lets every fauntal lastification where there is more than \$1,000 in interest-bearing accounts. SP Capital One If you so choose, you may indicate that an easest income cource its that of your spouse (SP) dependent child (DC), or joinly field with anyou (JT), in the optional column on the far left. Exclude: Your personal residence, including secon formats and vacation homes (unifest there was ren's income during the reporting period); and an financial interest is, or income derived from, a feder fresisement program, including the Thrift Seving on. For all IRAs and other retirement plane (such as 401(x) plans) provide the value (or each asset held in the account that exceeds the reporting thresholds. (do noi use only soker symbols). SCHEDULE A - ASSETS & "UNEARNED INCOME" you report a privately-traced fund that is an ecopied investment Fund, please check the 'EIF entify (a) each asset hald for investment councies of income and with a fair matest wall councies of income and with a fair matest wall councies of income and with experimental councies of the material particle said (b) any other reportable said or source with generated more than \$200 a detailed discussion of Schedule froments, please refer to the instruction book Assets and/or income Sources Bank of America complete nemes of stocks and mutual fund 200 Sinon & Schwitz ABC Hadge Fund Hega Clery Stock BLOCK A X. 믺 × Indicate value of asset at chose of the exporting period. If you clear a valuation method other than fair market value, pleased I, specify the method used.

If you have the second during the reporting period and is instituted only because it generated income, the value should be "None." "Column M is for assets held by your spouse or depend child in which you have no interest. None > \$1-\$1,000 . \$1,001-\$15,000 O \$15,001-\$50,000 0 Value of Asset \$50,001-\$100,000 (e) 4 BLOCKE Ø I • * \$25,000,001-690,000,000 Over \$50,000,000 you Check at columns that apply. For accounts the Forest presents to deferred income (such as 401(d), as an Edy, or 229 accounts), you may check the Time and Deferred column. Dividends, linearest, and Check the Check that is the supplied gains, even if referented, must be yet despited gains, even if referented in the held in Check the columns. Check thore if the sasets held in Check the columns of the sasets when the through the sasets held in Check the columns. Spouse/DC Asset over \$1,000,000* ĸ NONE DIVIDENDS × RENT Type of Income × × **INTEREST** Name: BLOCK C CAPITAL GADIS EXCEPTED/BLIND TRUST Lindsey TAX-DEFERRED Parteenskip Parteenskip Jeograe Other Type of Income (Specify: e.g., Partnership Income or Farsh Income) For assets for which you checked "Fax-Deterred" in Block C, you stay check the "Nere" column. For all other statis indicate the category of income by chariforg the appropriate box below. Dividends, instruct, and capital galter, even if returneds, must be discissed as income for asserts teld in taxable accounts. Check "None" if no income was earned or generated. None "Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 11/19-7/31/19 **(**) \$201-\$1,000 ₹ Boylon **Current Year** ٧ × s × ≦ ≨ R \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 ĸ BLOCKD ă SpausofOC traces over \$1,000,000 × \$1-\$200 × \$201-\$1,000 殿 \$1,001-82,900 2 Preceding Year 4 2018 × \$5,061-\$15,000 ≤ ¥ € 9 \$100,001-\$1,000,000 莱 0 \$1,000,001-\$5,000,000 × Over \$5,000,000 × SpousaIOC Income over \$1,000,000 ×

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Name: Lindsey C. Boylan

Page 8 of 8

SCHEDULE C - EARNED INCOME

Name: Lindsey C. Boylan Page Lot 1

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

	l	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
↲	Honorarium	\$0 \$20,000	\$500 \$76,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
New York State Development Corp.	Salary		\$ 115,526
Allen Operations LLC	Spouse Earned Income	N/A	N/S

SCHEDULE D - LIABILITIES

Name:	
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Report fabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all fabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); barts secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column X is for liabilities hald solely by your spouse or dependent child.

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					PHH I	Example			
				Federal Loan Servicing 07/13 School Loan	PHH Mortage Services	First Bank of Wilmington, DE	Creditor		
				07/13	06/14	5/16	Date Liability Incurred MO/YR		
				School Loan	hotsay on Ind home	Mortgage on Rental Property, Dover, DE	Type of Liability		
							\$10,001- \$15,000	>	
							\$15,001- \$50,000	æ	
ĺ							\$50,001- \$100,000	c	
				X		×	\$100,001- \$250,000	0	
							\$250,001- \$500,000	m	Amount of Liability
	, ,						\$500,001- \$1,000,000	п	tof
					×		\$1,000,001- \$5,000,000	٥	A SEE
							\$5,000,001- \$25,000,000	=	
		L					\$26,000,001- \$50,000,000	-	
l		<u> </u>	-		-	<u> </u>	Over \$50,000,000	L	ļ
					×		Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, pertner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or positical entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Hember's and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	Fund
BOD Chair of the Wellesky Wellesley College Alumnae Association	BOD, Chair of the Wellesky
Name of Organization	Position